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|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/998,962 | <b>FILING OR 371(c) DATE</b><br>10/31/2001<br><b>RULE</b> | <b>CLASS</b><br>372 | <b>GROUP ART UNIT</b><br>2828 | <b>ATTORNEY DOCKET NO.</b><br>Joyce 23 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

William B. Joyce, Basking Ridge, NJ;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

 IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 12/19/2001

|   |                        |                     |                    |                         |
|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>NJ | SHEETS DRAWING<br>6 | TOTAL CLAIMS<br>19 | INDEPENDENT CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature Initials   |                        |                     |                    |                         |

## ADDRESS

41119

## TITLE

Externally aligned laser module

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>824 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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